

[First name] [Surname]

[Street address]

[Postal Code] [City]

Sworn statement

I, the undersigned, [First name] [Surname] residing at [residential address], hereby declare that the details and reported threats justifying my registration with the 'Programme d’Accueil en Urgence des Scientifiques en Exil' (PAUSE) are factual.

I am aware that a false declaration will result in the cessation of the possible support received from the PAUSE program.

Issued for all legal intents and purposes.

Statement made at [Place] on [Date]

[First name] [Surname]

Signature